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THOMSON REUTERS

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Num	nber:	3235-0076					
Expires:	May 3	1.2008					
Estimated	average	burden					
hoursner	resnonse	16.00					

SEC USE ONLY								
Prefix	Seriel/							
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DATE FI	DATE-RECEIVED							
}	1							

Name of Offering f check if this is an amende	nent and name has changed, and indicate change.)	
Offering of Common Stock Shares and Con		an S≧O
	ile 504 (Rule 505 V Rule 506 (Section 4(6)	ULOE Wall Processing
Type of Filing: New Filing Amendmen		Section
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	A. BASIC IDENTIFICATION DATA	11A1 14 ZUUB
1. Enter the information requested about the issu	ct	
Name of Issuer (check if this is an amendmen	t and name has changed, and indicate change.)	Washington, DC
Next, Inc.		101
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
7625 Hamilton Park Drive, Suite 12	Chattanooga, TN 37421	(423) 296-8213
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1295 Vernon Street	Wabash, IN 46992	
Brief Description of Business		
Design, develop, market/ind distribute licer	nsed and branded promotional products and imp	orinted sportswear
Type of Business Organization		
		lease specify()
business trust limit	ed partnership, to be formed	1 1881 1881 1881 1881 1881 1881 1881 1881 1881 1
•	Month Year	
Actual or Estimated Date of Incorporation or Organ	55-11-1 50-11-1 (8)	
• • •	er two-letter U.S. Postal Service abbreviation for State	(1817-19-17
· ·	N for Canada; FN for other foreign jurisdiction)	DE
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of sec 77d(6).	curities in reliance on an exemption under Regulation D c	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
	15 days after the first sale of securities in the offering he date it is received by the SEC at the address given be I States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Com	mission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice may photocopies of the manually signed copy or bear type	st be fifed with the SEC, one of which must be manually	y signed. Any copies not manually signed must be
		at the many of the ingues of 4 official and the first
	ili information requested. Amendments need only report material changes from the information previously suppl	
Filing Fee: There is no federal filing fee.		
State:		
	e Uniform Limited Offering Exemption (ULOE) for s	ales of securities in those states that have adopted
ULOE and that have adopted this form. Issuers re	elying on ULOE must file a separate notice with the S	securities Administrator in each state where sales
are to be, or have been made. If a state requires t	be payment of a fee as a precondition to the claim for	r the exemption, a fee in the proper amount shall
accompany this form. This notice shall be filed in	n the appropriate states in accordance with state law.	The Appendix to the notice constitutes a part of
this notice and must be completed.		
	ATTENTION	
Failure to file notice in the appropriate of	tates will not result in a loss of the federal ex	remotion. Conversely failure to file the
	einu moitemexe etata eldaliava na to azol a ni	
filing of a federal notice	an arangero diale exemption unio	enviriplien is production on the

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information req	uested for the fol	towing:			
• Each promoter of the	issuer, if the iss	suer has been organized v	rithin the past five years;		
Each beneficial owner	r having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
Each executive offic	er and director o	corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Each general and ma	naging partner o	f partnership issuers.			
Charle Daniel Adam A. Car			F8 12		
Check Box(es) that Apply:	Promotes	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Budd, Robert	individual)				
Business or Residence Address 7625 Hamilton Park Drive	•		odc) a, TN 37421		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Cole, David O.	individual)				
Business or Residence Address	(Number, and	Street, City, State, Zip C	ode)		
7625 Hamilton Park Drive	Suite 12	Chattanooga	a, TN 37421		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	V Director	General and/or Managing Partner
Full Name (Last name first, if Cooke, Dan F.	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		
6430 Cobble Lane		Harrison; TN	÷ 37341·	_	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	 			
Reed, Charles W.					
Business or Residence Address	(Number and	Street, City, State, Zip C	ođe)		
7625 Hamilton Park Drive	e, Suite 12	Chattanooga	i, TN 37421		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Geraci, Salvatore	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		
1400 Williams Street		Chattanooga	, TN 37408.		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Metz, Ronald J.	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		
2366 West Boulevard		Kokomo, IN	46902		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		

				B13	NFORMAT	ION ABOU	T OFFERI	NG				
								'			Yes	No
I. Has ti	ne issuer sol	d, or does t							-	•••••••	Е	X
					Appendix		_					
2. What	is the minin	num investn	nent that w	ill be acce	pted from a	ıny individ	ual?	***************************************		************	s	
3. Does	the offering		t annachi	- of a si	وينسينيك						Yes	No
comm If a pe or stat	the informatission or singlession to be listes, list the nater or dealer	nifar remune sted is an as ame of the b	ration for s sociated pe proker or de	solicitation crson or ago caler. If me	of purchase int of a brok ore than five	ers in conn er or deale e (5) person	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Full Name	(Last name	first, if ind	ividual)								·	
Business o	r Residence	Address (N	lumber and	d Street, C	ity, State, Z	(ip Code						<u></u>
Name of A	ssociated B	roker or De	aler		-						,	
States in V	Vhich Persor	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individua	States)							☐ Al	l States
(AL)	AK	[AZ]	AR	CA	CO	CT	DE	DC	FL	GA	[HI]	[ID]
TIL)	IN	IA	KS	[KY]	LA]	[ME]	MD	MA	MI	MN	MS	MO
MT	NE	NV]	NH	NJ	NM	NY)	NC	ND	OH)	OK	OR	PA
RI	[SC]	SD	[TN]	TX	[UT]	[VT]	VA.	WA	[WV]	[wt]	WY]	PR
Full Name	(Last name	first, if ind	ividual)									
Business	or Residence	e Address (Number an	d Street, C	City, State,	Zip Code)	-					
Name of A	ssociated B	roker or De	alcr									
States in V	Vhich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individua	States)			••••••••••	***************************************	************	•••••	☐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	[FL]	GA	HI	ID
IL	IN	ĪA]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
[MT]	NE	[NV]	NH	NJ	NM)	NY.	NC.	ND	OH]	OK.	OR.	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividuat)					<u> </u>				
				 								
Business	or Residence	e Address (1	Number an	d Street, C	City, State, I	Zip Code)						
Name of A	ssociated B	roker or De	aler	,								
States in V	Vhich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individua	States)				********	·· · ·································	•••••••	☐ Al	l States
ΛL	AK	[AZ]	AR	CA	CO	CT	DE.	DC)	(FL)	GA	HI	(D)
IL	IN	ΙÄ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	[VV]	NH	NJ	NM)	NY	NC	ND	OH	<u>OK</u>	OR	PA
RI	SC]	[SD]	TN	TX	UT]	[VT]	VA	WA	[WV]	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Ŀ	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	:	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u>-</u>	\$
	Equity	\$ 550,000.00	\$ 550,000.00
			0.00
	Convertible Securities (including warrants)	s_0.00	_ \$
	Partnership Interests		
	Other (Specify)		<u> </u>
	Total	\$_550,000.00	\$ 550,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate. Dollar Amount
	Accredited Investors	4	\$_550,000.00
	Non-accredited Investors	0	<u> </u>
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Two som to	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$ <u></u>
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		
	Legal Fces		\$ 10,000.00
	Accounting Fees		_
	Engineering Fees	<u></u>	
	Sales Commissions (specify finders' fees separately)	<u> </u>	\$
	Other Expenses (identify)	_	
	Total		£ 10,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$40,000.00 \$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$	\$
	Purchase of real estate		\$
	Purchase, rental or leasing and installation of machinery and equipment	<u> </u>	
	Construction or leasing of plant buildings and facilities		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	- •	
	issuer pursuant to a merger)	_	
	Repayment of indebtedness		
	•		
	Other (specify):	_]\$. 🖰 🏲
	Column Totals	\$_0.00	540,000.00
	Total Payments Listed (column totals added)	∑ \$_5	40,000.00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of I	sion, upon writte	
Īss	uer (Print or Type)	Date	
	Next, Inc.	May 13, 2008	
Na	me of Signer (Print or Type) Title of Signer (Print or Type)		
C	David O. Cole Chief Financial Officer and Secretary		

— ATTENTION ———

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE								
'i.	'Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes 🖸	Nσ X						
	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the						
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.								
	ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	If by the	undersigned						

Issuer (Print or Type)	Signature	Date			
Next, Inc.	Dan Cele	May 13, 2008			
Name (Print or Type)	Title (Print or Type)				
David O. Cole	Chief Financial Officer and Secretary				

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form. D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX											
1	Intend to non-a investor	t to self ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
AL	<u> </u>											
AK												
AZ			·									
AR												
CA.	7 :-											
со												
СТ							-					
DE												
DC.		1										
FL												
GA												
ні												
ID									·			
IL												
IN		×	Com.Stk.&.Warnts	3	\$400,000.00	0	\$0.00		X.			
ĪΑ												
KS									<u></u>			
KY,												
LA												
ME												
MD												
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МІ		,										
MN												
MS						: 						

APPENDIX 2 5 1 3 4 Disqualification Type of security under State ULOE (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price investors in State offered in state amount purchased-in-State waiver granted) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NVNH NJ NM NY NC ND OH OK OR PA RI SC SD TN × Com Stk & Warnts \$150,000.00 0 \$0.00 TXUT VT VAWA WV WI.

				APP	ENDIX					
ſ	1 2 3							5 Disqualification		
	to non-a	d to self accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and examount purchased in State w		under State (if yes, at Type of investor and explanati amount purchased in State waiver gr		ate ULOE, attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY.										
PR.										

END